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HEALTH INSURANCE

Options:  
Personal Choice (PPO) Preferred Provider Organization / CVS/CareMark Drug Program
Keystone Health Plan East (HMO) Health Maintenance Organization / CVS/CareMark Drug Program

Eligibility:  
Begins on the first day of the month following employment.

Includes Coverage for:  
Employee, spouse and biological, adopted, and stepchildren under the age of 26 are eligible for health and prescription drug coverage.
Domestic Partner – Coverage is available for employees with certification that he/she is a member of a domestic partnership in accordance with Temple University’s policy.

Pre-existing conditions:  
None

Employee Contribution:  
Personal Choice

Single Coverage  
$66.74 per bi-weekly pay is required for single coverage.

Employee and Dependent(s) Coverage

Employee pays the single employee contribution plus the difference in premium between the single and employee and dependent(s) premium. Total bi-weekly cost is $667.44. Employee contributions are on a pre-tax basis.

Keystone Health Plan East

Single Coverage  
$60.68 per bi-weekly pay is required for single coverage.

Employee and Dependent(s) Coverage

Employee pays the single employee contribution plus the difference in premium between the single and employee and dependent(s) premium. Total bi-weekly cost is $606.75. Employee contributions are on a pre-tax basis.
HEALTH INSURANCE

**Personal Choice**

Personal Choice is a Preferred Provider Organization (PPO), which allows you the freedom of choice. You may choose in-network providers or out-of-network providers. The covered benefit level is based on your choice of providers. You should refer to the actual IBC plan for details.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$0</td>
<td>$100</td>
</tr>
<tr>
<td>Family</td>
<td>$0</td>
<td>$300</td>
</tr>
<tr>
<td>After deductible, plan pays</td>
<td>Not applicable</td>
<td>80% of allowance</td>
</tr>
<tr>
<td><strong>Out-of-Pocket-Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$4,400 - medical and prescription</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Family</td>
<td>$13,200 - medical and prescription</td>
<td></td>
</tr>
<tr>
<td><strong>Doctor’s Office Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td>$20 copayment*</td>
<td>80% of allowance after deductible</td>
</tr>
<tr>
<td>Specialist Services</td>
<td>$20 copayment*</td>
<td>80% of allowance after deductible</td>
</tr>
<tr>
<td><strong>In-Patient Hospital Services</strong></td>
<td>100% after $100 copayment per day, maximum 3 days. Waived at Fox Chase, Jeanes and Temple University Hospital, including its Episcopal campus.</td>
<td>100% after $100 copayment per day, maximum 3 days, facility charges; 80% for other charges</td>
</tr>
<tr>
<td><strong>Emergency Treatment</strong></td>
<td>$100 copayment; waived only if admitted</td>
<td>$100 copayment; waived only if admitted</td>
</tr>
<tr>
<td><strong>Urgent Care Center</strong></td>
<td>$50 copayment, waived at Temple ReadyCare</td>
<td>80% after deductible</td>
</tr>
</tbody>
</table>

*As a benefit to Temple University employees, Temple University Health System (TUHS) and Temple University Physicians (TUP) will waive applicable office copayments services for current employees and their dependents with medical insurance coverage under the Temple University benefit program. This will apply to all TUP, Fox Chase and TPI physicians.

A list of Temple providers may be found at [http://www.temple.edu/hr/departments/benefits/healthplans/TempleProvider.htm](http://www.temple.edu/hr/departments/benefits/healthplans/TempleProvider.htm)

**BlueCard PPO Program**

Personal Choice members have access to in-network coverage anywhere in the United States when they use providers that participate in the BlueCard PPO Network. Some services may require pre-authorization.

To locate a BlueCard PPO provider, contact Personal Choice customer service at 215-557-7577 within the Philadelphia area or 1-800-626-8144 outside the Philadelphia area. These phone numbers are listed on the back of the Personal Choice card. For additional information, you may also visit their website at [http://www.ibx.com/index.jsp](http://www.ibx.com/index.jsp).

**BlueCard WorldWide Program**

Personal Choice members have access to doctors and hospital in more than 200 countries and territories around the world.

To locate a BlueCard WorldWide doctor or hospital, call the BlueCard Worldwide service Center at 1-800-810-2583 24 hours a day, seven days a week. For additional information, you may also visit their website at [http://www.bcbs.com/coverage/bluecard/bluecard-worldwide.html](http://www.bcbs.com/coverage/bluecard/bluecard-worldwide.html).
**HEALTH INSURANCE**

**Keystone Health Plan East**

Keystone Health Plan is a Health Maintenance Organization (HMO), which requires you to choose a primary care physician. All medical services must be performed by or authorized by your primary care physician with a written referral. The covered benefit level is 100% less your co-payment. You should refer to the actual IBC plan for details.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Benefits and Services</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctor Visits</strong></td>
<td>Primary Care Physician</td>
<td>$20 copayment</td>
</tr>
<tr>
<td></td>
<td>Referred Specialist Care</td>
<td>$35 copayment</td>
</tr>
<tr>
<td><strong>Out-of-Pocket-Maximum</strong></td>
<td>Individual</td>
<td>$4,400 - medical and prescription</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$13,200 - medical and prescription</td>
</tr>
<tr>
<td><strong>In-Patient Hospital Services</strong></td>
<td>In-patient hospitalization</td>
<td>100% after $100 copayment per day, maximum 3 days. Waived at Fox Chase, Jeanes and Temple University Hospital, including its Episcopal campus.</td>
</tr>
<tr>
<td><strong>Out-Patient Hospital Services</strong></td>
<td>Authorized by primary care physician</td>
<td>Covered 100%</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>Hospital emergency room</td>
<td>$100 copayment; waived only if admitted</td>
</tr>
<tr>
<td><strong>Vision Care</strong></td>
<td>Once every two calendar years</td>
<td>$35 copayment</td>
</tr>
</tbody>
</table>

To contact Keystone Health Care East customer service, call 215-241-3367 within the Philadelphia area, or 1-800-275-2583 outside the Philadelphia area. For additional information, you may also visit their website at [http://www.ibx.com/index.jsp](http://www.ibx.com/index.jsp).
Eligibility: You must be enrolled in one of the Health Insurance plans.

Includes Coverage for: Employee, spouse and biological, adopted and stepchildren under the age of 26 are eligible for health and prescription drug coverage.

Domestic Partner – Coverage is available for employees with certification that he/she is a member of a domestic partnership in accordance with Temple University’s policy.

Employee Contribution: Included in the health insurance employee contribution.

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>You Pay Retail Pharmacy</th>
<th>You Pay Mail-Order Pharmacy (up to 90 day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 – Generic Drugs</td>
<td>10%</td>
<td>2 co-payments for 3 months supply</td>
</tr>
<tr>
<td>Tier 2 – Preferred brand-name drugs</td>
<td>20%</td>
<td>2 co-payments for 3 months supply</td>
</tr>
<tr>
<td>Tier 3 – Non-preferred brand – name drugs</td>
<td>30%</td>
<td>2 co-payments for 3 months supply</td>
</tr>
</tbody>
</table>

Exceptions and Limitations: The Plan does not include coverage for:

- Drugs available without a prescription
- Injectables and immunizing agents administered by a physician or medical professional, except insulin
- Any drug administered by a physician
- Therapeutic devices or appliances regardless of their intended use

Generic drugs will be dispensed in place of brand name drugs whenever available and legally permissible. If a generic equivalent to a brand name drug is available, you will pay an additional cost to receive the brand name drug, unless your Health Care Practitioner indicates otherwise. The additional cost is equal to the difference between the brand name drug and the generic drug, plus your copayment for the brand name drug.

Prior Authorization: The plan requires prior authorization for specific drugs.

To contact CVS/CareMark customer service, call 1-800-966-5772.

For additional information, you may also visit their website at [www.caremark.com](http://www.caremark.com)

Temple University’s carrier number is 4103. Your group number is 8015.
AETNA DENTAL INSURANCE

Eligibility: Begins after 90 days of employment.

Includes Coverage for: Employee, spouse and unmarried legally dependent biological, adopted and stepchildren to age 23.

Domestic Partner – Coverage is available for employees with certification that he/she is a member of a domestic partnership in accordance with Temple University’s policy.

Excludes Coverage for Adult Children: Adult children between the ages of 23 to age 26 are not eligible for dental coverage.

Employee Contribution: $4.41 per bi-weekly pay is required for single coverage.

<table>
<thead>
<tr>
<th>Services</th>
<th>Description</th>
<th>Plan Pays</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic I - Type A</td>
<td>Oral exam and cleaning, 2 per year</td>
<td>100% UCR</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Bitewing x-rays, 2 per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete x-ray series, once every 3 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic II - Type B</td>
<td>Fillings, Periodontics, Endodontics, Denture Repair</td>
<td>80% UCR</td>
<td>$50 Lifetime</td>
</tr>
<tr>
<td>Major Services – Type C</td>
<td>Inlays, Crowns Pontics</td>
<td>70% UCR</td>
<td>$50 Annual</td>
</tr>
<tr>
<td></td>
<td>Removable bridges and dentures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic</td>
<td>Comprehensive Treatment</td>
<td>50% UCR</td>
<td>None</td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>Basic and Major Service</td>
<td>$2,000</td>
<td></td>
</tr>
<tr>
<td>Lifetime Orthodontic</td>
<td>Comprehensive Treatment</td>
<td>$2,500</td>
<td></td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of Plan: Passive PPO design - If your provider is a participating dentist in the Aetna network, then that dentist has agreed to a negotiated fee schedule with Aetna. Participating dentists will not balance bill you any additional charges for covered services beyond your normal co-pay.

To contact Aetna Dental customer service, call 1-800-843-3661. For additional information you may also visit their website at www.aetna.com and use the Aetna Navigator member website to search for a participating dentist. The Navigator website also lets you review your covered dependents, check the status of a claim, and review your claims history.

Temple University’s group number is 815029
TEMPLE OPHTHALMOLOGY VISION CARE

**Eligibility:**
Begins after 90 days of employment.

**Includes Coverage for:**
- Employee, spouse and unmarried legally dependent biological, adopted and stepchildren to age 23.
- Domestic Partner – Coverage is available for employees with certification that he/she is a member of a domestic partnership in accordance with Temple University’s policy.

**Excludes Coverage for Adult Children:**
Adult children between the ages of 23 to age 26 are not eligible for vision coverage.

**Employee Contribution:**
No employee contribution is required for single coverage and $1.85 per bi-weekly payroll is required for family coverage.

**Plan:**
Vision evaluation and provision of eyeglasses once every two years. Employees and their eligible dependents must have their eye exam performed by the Temple University Department of Ophthalmology in order to receive benefit coverage for the exam. Employees then have the option to choose a standard pair of frames and lenses for free, or different frames and specialty lenses and pay the additional cost. In lieu of eyeglasses, some employees may elect to receive a $25 allowance for the purchase of contact lenses.

**Exam:** A vision care exam consists of an evaluation of refractive error (glasses) and an exam of the eye that includes an exam of the anterior part of the eye, the optic nerve and the central retina. Such an exam is designed to detect cornea problems, cataracts, glaucoma and macular degeneration. Advances in examination techniques often permit these exams to be done without dilating the pupil. If necessary, a dilated exam for a peripheral retinal exam or for diabetes may be done during the vision care appointment, but a follow up medical exam may be required.

**Contact Lenses:**
If you wish to have an exam for contact lenses, there is an additional charge for this type of exam. Please check with the Temple Department of Ophthalmology.

The University Department of Ophthalmology provides eye exams and eyeglasses at the Health Sciences Campus:

**Temple University Physicians’ (TUP) Optical Boutique**
Temple Hospital, Parkinson Pavilion, 6th Floor
Suite 640
3401 North Broad Street
Philadelphia, PA 19140
215-707-5300

Employees calling to make an appointment for themselves or a dependent will need the employee’s TUID number for verification of eligibility.
VOLUNTARY CONTRIBUTIONS

- Allows employees to make contributions on a pre-tax or Roth 403(b) after tax basis
- Voluntary contributions are not matched by the University
- Employees may enroll or change elections effective the first of any month

- Investment alternatives:
  
  Fidelity Investments Voluntary Contributions
  TIAA Supplemental Retirement Annuity (SRA)

Detailed information and assistance are available on the Benefits website at http://www.temple.edu/hr/departments/benefits/retirement.htm. You may also e-mail the Benefits Office at Retirement@temple.edu or call 215-926-2270.

Please Note: Employee contributions are subject to Federal maximums.